



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 2454								
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2" style="padding: 5px;">In re Application of Kai Desinger</td></tr><tr><td style="padding: 5px;">Application Number 10/018,154</td><td style="padding: 5px;">Filed 04/08/2000</td></tr><tr><td colspan="2" style="padding: 5px;">For Surgical Probe for Minimally Invasive Tissue Removal</td></tr><tr><td style="padding: 5px;">Group Art Unit 3736</td><td style="padding: 5px;">Examiner Charles Alan Marmor II</td></tr></table>			In re Application of Kai Desinger		Application Number 10/018,154	Filed 04/08/2000	For Surgical Probe for Minimally Invasive Tissue Removal		Group Art Unit 3736	Examiner Charles Alan Marmor II
In re Application of Kai Desinger										
Application Number 10/018,154	Filed 04/08/2000									
For Surgical Probe for Minimally Invasive Tissue Removal										
Group Art Unit 3736	Examiner Charles Alan Marmor II									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"><div style="width: 70%;"><p><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</p><p><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</p><p><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</p><p><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</p><p><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</p><p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$_____.</p><p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p><p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p><p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p><p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>500-246</u>.</p><p>I have enclosed a duplicate copy of this sheet.</p><p>I am the <input type="checkbox"/> applicant/inventor</p><p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p><p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent of record.</p><p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>34,437</u>.</p></div><div style="width: 25%; text-align: right; vertical-align: top;"><p>\$ _____</p><p>\$ _____</p><p>\$ <u>980.00</u></p><p>\$ _____</p><p>\$ _____</p></div></div>										

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

10/6/04

Date

Signature

Stephanie J. James

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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